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ABSTRACT

This systems theory study dealt with communication in community consensus building. Elected officials, community leaders, and a sample of citizens in three rural Wisconsin communities were interviewed about community problems. One community served as a control group; the other two communities received feedback reports based on the survey results. Respondents in one community received reports on how they rated ten problem categories and how members in each group predicted the other groups would rate the problems. Specific problem situations which respondents mentioned for the categories were not reported. The second community received detailed reports of the specific problems mentioned, without indication of how each of the groups rated the categories. Findings included increased information sharing, greater agreement, and greater accuracy in the latter community. Greater awareness of community problems and greater importance attributed to problems were exhibited in both communities. (Author/JM)

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EXPERIMENTS IN COMMUNITY CONSENSUS-BUILDING:

A COORIENTATIONAL ANALYSIS

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Paper presented to the Communication Theory and Methodology Division, Association for Education in Journalism, College Park, Maryland, August 1, 1976.

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Abstract

EXPERIMENTS IN COMMUNITY CONSENSUS-BUILDING:

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by

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This systems theory study dealt with communication in community consensus-building. Elected officials, community leaders and a sample of citizens in three rural Wisconsin communities were interviewed about community problems. Then two communities received feedback reports based on the survey results. The third community served as a control. Follow-up interviews were conducted in all three communities.

Respondents in one community received reports on how they rated 10 problem categories, and how members in each group predicted the other groups would rate the problems. Specific problem situations respondents mentioned for the categories were not reported. The other community received detailed reports of the specific problems mentioned, without indication of how each of the groups rated the categories.

Findings included increased information sharing, greater agreement and greater accuracy in the latter community; and greater awareness of community problems and greater importance attributed to problems in both communities.

Many communication studies have employed the coorientational measurement model to describe relationships between actors in social systems. Originally presented by Chaffee and McLeod as a strategy for analyzing interpersonal perceptions of two individuals, the model is proving to be useful in studying larger social systems.

Our project departs from most previous studies in that we used coorientational measurements before and after experimental information treatments.

The design was motivated by our interest in facilitating communication among the actors in a local community development process. We were seeking ways to increase the amount of discussion related to community problems and to move community actors toward greater agreement and more accurate perceptions of agreement on development priorities. Our actor groups consisted of community leaders, elected officials, and citizens in three rural Wisconsin communities.

This research project grew out of a concern that decisions of great significance to communities are increasingly being made by extra-local agencies with little or no direct participation in the preliminary deliberations from citizen groups and sometimes even from local officials. Agency planners sincerely concerned about developmental priorities will normally check with leaders in enough communities to make sure its judgments and proposals are relevant.

But they often cannot check with all affected communities, and within a community they seldom move below a leadership level in discussing proposals. Often the agency's first contact with most community citizens is the public unveiling of a plan for the purpose of obtaining local endorsement. This "top-down" planning orientation often leads citizens to withhold their support, or even actively resist extra-local planning efforts. Examples include many well-documented instances of strong citizen resistance to proposed highway routes, land use plans, urban renewal proposals, and Army Corps of Engineers projects.

In the face of such frequent local disagreement with many planning efforts, and the apparently non-representative input of community leaders, we designed the present research to test a new approach to community consensus-building. The theoretical assumptions were that feedback on the actual state of community consensus would lead to increased communication within the community, which in turn would improve accuracy in estimating other's positions and greater agreement within and between groups. Using survey-feedback procedures, we tried to answer these basic questions:

1. To what extent do citizens, elected officials and community leaders agree on community problem priorities?
2. How accurately can the members in each of these groups estimate the priorities of the other groups?
3. What impact does feedback on the levels of agreement and specific problems mentioned by each group have on interpersonal discussions and the awareness of community problems?

4. What impact does such feedback have on the levels of agreement and accuracy in estimating others' problem priorities?

THEORETICAL CONSIDERATIONS

The hypothetical causal relationships analyzed in this research derive from systems theory.[1] A system is viewed as a set of interacting components functioning to maintain balance (homeostasis) on critical status and process variables. Viewed as a social system, the community is composed of citizens, elected officials and community leaders interacting to maintain or derive community consensus on issues important to the community's survival and development.

As suggested by Scheff's typology of consensus, this study employed a coorientational model of community consensus that takes into account both actual and perceived agreement.[2] From the local actors' points of view, perceived agreement within the community has a regulating effect on local discussion of community problems. Pressures for agreement and social sanctions against deviation from perceived community consensus are supported and reinforced by local weekly newspapers which emphasize community harmony and down-play conflict.[3] Given these pressures and the lack of accurate feedback on the status of community agreement, residents of small communities potentially hold false perceptions of high agreement and are unaware of conflicting views of problem priorities.

Two forms of systemic feedback were tested in terms of their impact on levels of communication activity and community consensus.

In Treatment community A, the feedback consisted of newspaper articles listing the specific problems mentioned by respondents in the first interviews. Coleman theorized that there are three basic preconditions to the development of controversy out of an event. The event must touch on important aspects of community members' lives; it must affect lives of different community members differently; and it must be one on which "community members feel that action can be taken--not one which leaves the community helpless."[4]

The second form of feedback, Treatment B, consisted of reports on the levels of actual and perceived agreement between citizens, elected officials and community leaders as measured in a first wave of interviews. In varying degrees for respondents, this treatment is analogous to the "expectations disconfirmed" condition which led to increased communication in a study by Stamm and Pearce.[5] Likewise, McLeod and Chaffee found that persuasive interpersonal communication was the most likely response when respondents perceived disagreement with neighbors.[6]

We hypothesized that disparities between perceptions of community problems and the reported survey results should create sufficient community tension to elicit increased interpersonal discussion. System feedback was considered the stimulus for activating the communication process to correct for the disparities. This in turn should lead to increased awareness of community problems and changes in coorientational states.

RESEARCH STRATEGY

The coorientational model used here was originally applied to measuring interpersonal perceptions. In this research, we extend this concept to inter-group perceptions. In effect, we asked respondents to look at community leaders, elected officials and citizens as three reified "others" who also perceive development problems in their community. The communicable content consisted of 10 general community development problems identified through pretesting as being common to most communities. They are:

Streets, Traffic and Parking
Public Utilities
Public Transportation
Economic Development
Health Care
Environment and Quality of Life
Shopping
Education
Entertainment and Recreation
Housing

The question raised is whether or not feeding back to the community what citizens, elected officials and community leaders say about these problem areas will bring about significant changes in the levels of interpersonal discussion and resultant changes in awareness of problems, problem importance ratings, and perceptions of others' ratings.

The research was conducted in three small cities in the West Central Regional Planning District of Wisconsin. An interview team surveyed community leaders, local elected officials and a random sample of citizens in all three communities (see tables for numbers of respondents in each group). Respondents were asked to identify specific problems under each of the 10 general categories (for example, under Public Utilities, respondents might list

poor telephone service, low water pressure, bad-tasting water, etc.). Then they were asked to specify with whom they had discussed these problems, and to rate the importance of each problem on a 0-to-10 scale. In addition, respondents were asked to estimate how members of their own and other groups would rate these same problems.

Following the initial surveys, one community was used as a control while experimental treatments were applied in the other two. The control community received no feedback of any kind.

In Treatment community A, feedback of understanding information served as the treatment variable. We wrote five newspaper articles which the local weekly newspaper published over a five-week period. The articles dealt with the specific community problem situations and concerns respondents mentioned in the first survey. Each week, information about one or two of the problem categories was summarized in a front-page article. The five articles did not mention which group said what, but merely summarized the problems mentioned by all respondents. The articles did not report the importance ratings each group gave the problem categories.

In Treatment community B, accuracy information was manipulated. Here, each respondent received direct mail pieces showing how he or she rated the problem categories and how each group (his own and other groups) rated these same problems. A newspaper article published by the local weekly also summarized how each of the groups had ranked the problems. In this treatment, the specific problems mentioned in the first survey were not identified or

discussed in the feedback reports.

Eight weeks after the first personal interviews, the same respondents were re-interviewed in all three communities.

COORIENTATION AND OTHER MEASUREMENT VARIABLES

In this paper, we report the findings related to three variables from the coorientational model: agreement--similarity between two groups' ratings of the 10 problem categories, accuracy--similarity between one group's estimate of how another group will rate the problems and the other group's actual ratings and understanding--similarity between the lists of problems mentioned for each of the categories.[7]

Mean rating scores were used to analyze two of these coorientational measures. Agreement was operationalized as the correlation (Pearson r) between the mean rating scores from one group and those from another. Accuracy was measured by comparing the coefficient of determination (r^2) between the ratings actually given by a group and the ratings another group estimated it would give.

Understanding, on the other hand, was measured in terms of direct overlap between the list of specific problems mentioned by one group (based on number of mentions) and the list mentioned by another group.

Other measures included: 1) information sharing, which was a comparison of the average number of people reportedly talked to for each problem category; 2) awareness of community problems, which was the total number of problems mentioned by members of an actor group; and 3) problem importance rating, which was the average rating given a problem category by members of an actor group.

HYPOTHESES TESTED IN THIS RESEARCH

Following are some of the major hypotheses tested in this study.

For simplicity, the treatment community in which understanding information was supplied will be called Treatment A. In this case, feedback of specific problem situations and concerns mentioned by respondents hypothetically would stimulate community discussion. The community in which agreement and accuracy information was supplied will be called Treatment B. Community feedback on discrepancies between groups' ratings of problem categories, actual and perceived, was viewed as the community system perturbation.

Research Hypothesis 1. Feedback of the discrepancies in the ratings of community problems given by citizens, elected officials and community leaders (Treatment B) will lead to increased awareness of community problems for all three actor groups.

Research Hypothesis 2. Feedback of information obtained in the first survey will lead to increased information sharing about community problems by elected officials, community leaders and citizens.

Research Hypothesis 3. Feedback of information obtained in the first survey will lead to increased agreement on the relative importance of community problems.

Research Hypothesis 4. Feedback of the community problems mentioned by citizens, community leaders and elected officials (Treatment A) will lead to increased accuracy in their assessment of each other's positions on local development problems.

Research Hypothesis 5. Feedback of the results of the first survey will lead to more similar lists and orderings of problems mentioned by citizens, elected officials and community leaders for each of the 10 problem categories.

Research Hypothesis 6. Citizens, elected officials and community leaders in both treatment communities will rate problems higher as a result of the respective feedback treatments.

FINDINGS

Our analysis involved examining the differences between the control community and each separate treatment community. This was done to determine whether either type of feedback made any difference at all when compared with the control condition.

Awareness of Community Problems (Hyp. 1)

In Treatment A, respondents were given the list of all of the problems reported by any respondent in the first survey (T_1), and accordingly would be expected to name more problems at T_2 than T_1. This was the case, as tested against the control community.

In Treatment B, respondents were not given this information, and the change in numbers of problems mentioned was taken as a dependent variable. As shown in Tables 1 and 2, awareness of community problems increased for all three groups in Treatment B and decreased for all three in the control community. In the later, the effects of retesting may account for the observed decreases. Analysis of variance of the differences in change scores for the citizen samples yielded a statistically significant difference between the treatment and control conditions ($p = .01$, one-tailed). Since the elected official and community leader groups were considered populations, statistical tests of significance were unnecessary. However, in the treatment community both groups mentioned more problems at T_2 than at T_1, while in the control community, the numbers of problems identified decreased.

Information Sharing (Hyp. 2)

In Treatment A, information sharing increased markedly for all groups, while it declined for all three groups in the control community. In Treatment B, information sharing dropped for the elected officials and citizens and increased slightly in the community leader group (see Tables 3-5).

T-test comparison of the Treatment A and in control citizen groups reveal a significant difference ($p < .01$) in information sharing. There is no question that the newspaper articles presenting the problems mentioned in the first survey stimulated interpersonal discussion for all groups. Time and again, respondents mentioned the "stir" created in the community by the articles. On the other hand, in the Treatment B community only the "community leader" group reported increased information sharing.

This latter finding was contradicted, however, by anecdotal reports by respondents in the Treatment B community that more frequent discussions about specific community problems resulted from the feedback treatment. One reason for this discrepancy probably lies in the operationalization of this variable. Respondents were asked to name people they had talked with, but were not asked how often they had talked with each. Since it was operationalized as the number of different people named, the variable certainly underestimated the number of interpersonal discussions. As a result, a respondent who had been involved in more interpersonal discussions at T_2, but with a smaller number of people than mentioned

in T_1, shows a decrease in "information sharing."

What is unequivocal is the finding that Treatment A led to more people being involved in discussions of community problems, while Treatment B did not. The increases in awareness of community problems found in the Treatment B community, however, suggests that more information was shared as a result of the treatment, even though no more people were involved.

Agreement (Hyp. 3)

Actual agreement increased in two of three instances in Treatment A and increased slightly in all three instances in the control community (since only 10 categories comprise each data set, the changes were not large enough to obtain statistical significance). Agreement declined in two of three cases in Treatment B (see Tables 6-8).

While agreement among groups increased in the control community, the amount of increase was in each case very small. On the other hand, Treatment A increases in agreement between citizens and elected officials and between elected officials and community leaders were substantial, while the decline in agreement between citizens and community leaders was negligible. There is some evidence that agreement increased more in Treatment A, but not enough to support our hypothesis to the effect that it would increase significantly more.

Comparison between the control condition and Treatment B, shows that more change occurred in the treatment community. The decrease in agreement between elected officials and citizens represents the largest change observed in either community. The

increase in agreement between elected officials and community leaders was the second largest change. Changes in the control community were slight by comparison. Thus, while it is apparent that the feedback treatment did not produce the hypothesized higher levels of agreement, it does appear to have affected greater absolute changes.

Accuracy (Hyp. 4)

In Treatment B, since respondents were given accuracy information, they were expected to be more accurate at T_2. This was the case. In Treatment A, respondents were not given this information and accuracy was taken as a dependent variable.

As indicated in Table 9, accuracy increased substantially in four of six instances and decreased in only one, which supports the hypothesis concerning Treatment A.

In the control community (see Table 10), accuracy increased substantially in two of six cases and decreased substantially in three. A community crisis involving the departure of three of five doctors may account for the unexpected perturbation of the control condition. In Treatment A, citizens and elected officials became more accurate in assessing how community leaders would rate the problems. This is in line with an intermediary role usually attributed to this group. In the control community, the biggest gains in accuracy were also shown by the other groups in relation to community leaders.

Understanding (Hyp. 5)

In Treatment A, understanding improved more substantially than in the control community. This again can be expected, since understanding information was given this treatment community. In Treatment B, no such information was provided, but understanding improved more than in the control community.

Since the specific lists of problems within any general category are not always comparable across groups, rank order correlational analysis was not possible. Lists were analyzed to determine how many times the same two problems appeared at the top of all three groups' lists (first and second ranks). In Treatment B, this occurred only once at T_1, but increased to three times at T_2--consistent with the hypothesized change. By contrast, control community actor groups' lists shared common problems in the top two ranks in two of the 10 cases at T_1, but in only one case at T_2.

Except for this attempt at empirical analysis, no statistical testing was employed to evaluate changes in understanding. As is often the case, data gathered through open-ended questions did not lend themselves to statistical interpretation.

While there was a high degree of consistency between rank orderings for T_1 and T_2, the treatment communities displayed more instances of change toward list similarity than did the control community. It is therefore our conclusion that the hypothesis predicting greater similarity in problem lists--understanding--was supported.

Problem Importance Rating (Hyp. 6)

Here we were interested in whether or not the issues that were placed on the public agenda by the experimental treatments would become more important to members of those communities. In fact, we found that the problem categories were rated significantly higher in both treatment communities at T_2.

The Wilcoxon test, which takes into account both the direction and size of change, was used to determine the probabilities that the T_2 ratings differed significantly from T_1 ratings. The increases for all treatment groups were significant at the $P < .01$ or $p < .05$ levels. Citizens in the Treatment A community actually rated every problem higher at T_2, while elected officials rated eight of ten higher. Community leaders rated six of ten higher at T_2. In Treatment B, citizens rated seven issues higher, elected officials eight, and community leaders nine.

The control community changes were not significant. Citizens rated six of the ten issues higher at T_2, but elected officials and community leaders increased their ratings of four, neither of which is appreciably different from the five increases one would expect to occur by chance.

One category that all control community groups rated substantially higher at T_2 was Health Care. This is not surprising, since three of five doctors left town during the treatment period. In the Health Care category, this uncontrolled event clearly had more effect than the treatments in either experimental community. In fact, it tended to skew results in some instances, since all groups rated this problem category higher, had more information

about it, talked more about it and showed greater accuracy in assessing how other groups would rate it as a problem. Nevertheless, we were still able to measure significant overall differences between treatment and control communities, which attests to the strength of the experimental treatments.

DISCUSSION

As a first step in a continuing research program, this community experiment demonstrates the impact of two types of process intervention. The fact that citizens became more aware of community problems and viewed them as more important holds promise for planners who wish to increase citizen involvement in the formulation of community problems and development priorities.

Community feedback demonstrated its power to help actor groups in both treatment communities become more accurate in estimating the priorities of other actor groups. But feedback had far less impact on increasing the actual levels of agreement. In Treatment B, feedback did not appear to increase information sharing--that is, to increase the number of people with whom respondents discussed community problems.

In Treatment A, popularized reports of specific problems through the local newspaper certainly stimulated involvement of more people in discussions about community problems. One reason for the success of this treatment (aside from the difference in information) lies in the manner in which information was reported.

Most people in the community subscribe to the local newspaper, and so most were able to read the five articles, which received excellent front-page play in the paper. In Treatment B, only one newspaper article appeared, with the rest of the treatment consisting of direct mail only to the survey respondents. The fact that more people in Treatment A were exposed to the articles naturally increased the probability of more people discussing the issues. The articles also contained information consistent with Coleman's preconditions of community controversy.

The potentially high agenda-setting power of local weekly newspapers also appears to be suggested by these findings.

The enthusiastic and supportive response from treatment community citizens, elected officials and community leaders indicate the face validity of the survey-feedback intervention technique. After all, the objectives of the survey were entirely consistent with the interest local citizens have in identifying their own community's problems and setting development priorities. Many respondents said that this was the first time their opinions had been solicited on such issues.

While no community actions can be unequivocally attributed to the experiment, several respondents credited the study with having stimulated some action (an example: the hiring of a youth recreation leader in Treatment B community). It may be that whether the actions <u>actually</u> resulted from the survey is secondary to the fact that citizens <u>perceived</u> them to have been, and accordingly saw themselves as having "participated" in the decisions. This suggests

the need for future research on how local citizens view their roles and influence in community and regional planning--before and after participating in the survey-feedback process.

The findings lead us to advocate the use of third party communication facilitators, preferably outsiders, in planning programs. Since the state of community consensus is a function of communication, one objective would be to assure adequate exchange of information within the community during the goal-setting process. Another objective would be to promote two-way communication between planning agencies and community actor groups so all views are considered in the local goal-setting process.

Professional planners typically specialize in functional planning areas such as transportation, health care, housing, land use and natural resources. Little in their education and professional experience prepares them to assume the role of communication facilitator.

Communicators who are employed professionally in planning agencies also have tended to ignore the facilitator role, choosing instead to espouse and explain the proposals of their agencies. In this role, they have often employed publicity campaign strategies and persuasive messages attempting to "sell" planning proposals developed by extra-local experts and interest groups. The result has reinforced the <u>caveat emptor</u> view many citizens have of planning efforts.

Planners must recognize that local decision-making comprises a complex interactional process involving many actors whose interests

may well be in conflict. Input from community leaders does not assure either representative views on development priorities or acceptance by other community actors of the resulting plans.

The alternative approach tested here may appear to take longer than the conventional publicity campaigns. It certainly calls for skills not commonly found in planning agencies. However, it brings dialogue into open play during the goal-setting phase of planning rather than allowing conflict to break out during the implementation phase. As a result, it may well be more efficient, in the long run, than the standard persuasion strategy.

The communication facilitator's major contribution to community development planning would be to look after the information-exchange and consensus-building processes to help assure that the content reflected in plans responds to local needs and priorities.

The next step in investigating this subject more fully is to combine treatments and apply the technique in a community similar to those studied here, and in one substantially larger city. We hope to learn whether combined treatments will improve results and whether the process can be applied in a more metropolitan setting.

* * *

Table 1. Treatment Community (B) Awareness of Community Problems

Problem-Type Categories*	Number of Problems Mentioned					
	Citizens (CIT., n=43)		Elected Officials (E.O., N=9)		Community Leaders (C.L., N=5)	
	T_1	T_2	T_1	T_2	T_1	T_2
STP	52	50	16	23	6	9
TRANS	28	41[c]	4	7	3	6
UTILS	41	42	15	26	6	11
ECDEV	22	34[b]	5	6	6	1
HCARE	22	24	3	5	0	0
EDUC	21	29	5	1	5	6
ENVIR	30	26	15	14	6	7
SHOP	66	74	12	22	8	7
EREC	32	40	7	7	1	2
HOUS	50	63[a]	16	12	5	4
Total	364	423	98	123	46	53
Mean	8.47	9.84	10.89	13.67	9.2	10.6

[a] Increase, $p \leq .01$, two-tailed test

[b] Increase, $p \leq .025$

[c] Increase, $p \leq .05$

*STP=Streets, Traffic and Parking; TRANS=Public Transportation; UTILS=Public Utilities; ECDEV=Ecoromic Development; HCARE=Health Care; EDUC=Education; ENVIR=Environment and Quality of Life; SHOP=Shopping; EREC=Entertainment and Recreation; HOUS=Housing.

Table 2. Control Community Awareness of Community Problems

Problem-Type Categories	Number of Problems Mentioned					
	CIT. (n=49)		E.O. (N=6)		C.L. (N=5)	
	T_1	T_2	T_1	T_2	T_1	T_2
STP	66	68	13	15	10	11
TRANS	42	34	4	3	2	2
UTILS	42	42	13	13	6	6
ECDEV	73	51[a]	7	6	10	8
HCARE	64	75[b]	8	10	11	12
EDUC	25	30	3	1	6	5
ENVIR	35	33	11	4	8	6
SHOP	85	91	20	14	13	13
EREC	50	38	7	3	6	5
HOUS	33	29	7	5	7	6
Total	515	491	93	74	79	74
Mean	10.51	10.02	15.50	12.33	15.80	14.80

[a] Decrease, $p \leq .01$, two-tailed test

[b] Increase, $p \leq .05$

Table 3. Treatment Community (A) Levels of Information Sharing

Problem-Type Categories	Numbers of Persons Mentioned					
	CIT (n=48)		E.O. (N=5)		C.L. (N=5)	
	T_1	T_2	T_1	T_2	T_1	T_2
STP	65	87	26	59	20	52
TRANS	29	25	0	0	4	1
UTILS	57	50	17	19	7	24
ECDEV	52	109[a]	21	37	39	86
HCARE	40	104[b]	0	19	1	4
EDUC	42	77	1	18	13	19
ENVIR	14	46[c]	0	11	14	24
SHOP	94	156[a]	16	1	31	29
EREC	49	71	25	32	27	34
HOUS	68	98	19	34	27	40
Total	510	823	125	230	183	292
Mean	10.6	17.1	25	48	36.6	58.4

[a]Increase, .05, two-tailed test

[b]Increase, p .02

[c]Increase, p .07

Table 4. Treatment Community (B) Levels of Information Sharing

Problem-Type Categories	Numbers of Persons Mentioned					
	CIT (n=43)		E.O. (N=9)		C.L. (N=5)	
	T_1	T_2	T_1	T_2	T_1	T_2
STP	50	10[a]	29	29	15	18
TRANS	7	18	0	2	2	12
UTILS	87	63	99	127	17	33
ECDEV	20	43[c]	34	61	21	32
HCARE	55	34	18	17	6	2
EDUC	42	38	40	11	26	23
ENVIR	65	21[b]	94	49	36	34
SHOP	77	64	29	34	13	7
EREC	40	31	35	61	11	15
HOUS	76	60	73	45	12	24
Total	519	382	451	436	159	200
Mean	12.1	8.9	50.1	48.4	31.8	40.0

[a]Decrease, $p < .01$, two-tailed test

[b]Decrease, $p < .10$

[c]Increase, $p < .10$

Table 5. Control Community Levels of Information Sharing

Problem-Type Categories	Number of Persons Mentioned					
	CIT. (n=49)		E.O. (N=6)		C.L. (N=5)	
	T_1	T_2	T_1	T_2	T_1	T_2
STP	74	29[c]	38	18	44	16
TRANS	23	1[b]	31	3	20	0
UTILS	47	56	36	24	34	14
ECDEV	72	49	33	40	37	23
HCARE	81	147[d]	6	19	29	87
EDUC	97	18[a]	42	12	8	8
ENVIR	58	40	35	35	21	15
SHOP	170	116	26	35	51	44
EREC	52	43	45	42	24	18
HOUS	85	42[b]	27	11	42	28
Total	759	541	319	239	310	253
Mean	15.4	11.0	53.2	39.8	62.0	50.6

[a]Decrease, $p < .01$, two-tailed test

[b]Decrease, $p < .05$

[c]Decrease, $p < .10$

[d]Increase, $p < .10$

Table 6. Treatment Community (A) Levels of Actual Agreement

	Pretest (T_1)			Posttest (T_2)		
	r^a	p^b	r^{2c}	r^a	p^b	r^2
CIT.-E.O.	.68	<.025	.46	.83	<.025	.69
CIT.-C.L.	.69	<.025	.48	.67	<.025	.45
E.O.-C.L.	.86	<.005	.74	.92	<.005	.85

[a]Pearson product-moment correlation coefficient

[b]Significance of r (H_o: r=0)

[c]Coefficient of determination

Table 7. Treatment Community (B) Levels of Actual Agreement

	Pretest (T_1)			Posttest (T_2)		
	r^a	p^b	r^{2c}	r	p	r^2
CIT.-E.O.	.71	.025	.50	.57	.05	.32
CIT.-C.L.	.61	.05	.37	.59	.05	.35
E.O.-C.L.	.82	.005	.67	.90	.005	.81

Table 8. Control Community Levels of Actual Agreement

	Pretest (T_1)			Posttest (T_2)		
	r	p	r^2	r	p	r^2
CIT.-E.O.	.64	.025	.41	.66	.025	.44
CIT.-C.L.	.73	.01	.53	.77	.01	.59
E.O.-C.L.	.67	.025	.45	.68	.025	.46

Table 9. Treatment Community (A) Levels of Accuracy

	Pretest r^{2a}	Posttest r^2	Signed Difference
CIT.-"E.O."[b]	.58	.58	0
CIT.-"C.L."	.40	.72	+.32
E.O.-"CIT."	.53	.76	+.23
E.O.-"C.L."	.56	.90	+.34
C.L.-"CIT."	.38	.67	+.29
C.L.-"E.O."	.86	.85	-.01
Mean r^2	.55	.74	+.19

[a]Coefficient of determination

[b]Actor group in quotation marks is the one being estimated

Table 10. Control Community Levels of Accuracy

	Pretest r^2	Posttest r^2	Signed Difference
CIT.-"E.O."	.50	.22	-.28
CIT.-"C.L."	.35	.81	+.46
E.O.-"CIT."	.55	.40	-.15
E.O.-"C.L."	.37	.61	+.24
C.L.-"CIT."	.77	.79	+.02
C.L.-"E.O."	.69	.27	-.42
Mean r^2	.54	.52	-.02

FOOTNOTES

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